

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008829

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1645

FILED FEB 16 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY  
OR  
TOWN St. Louis

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Louis-Little Rock  
Hospital, Inc.

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS 1717 Coleman

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
Senora James Taylor

4. DATE OF DEATH  
Month Day Year  
February 6 1962

## 5. SEX

Male

## 6. COLOR OR RACE

Colored

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-5-1904

## 9. AGE (last birthday)

57

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Pensr. low Motor opr

10b. KIND OF BUSINESS OR INDUSTRY  
Railroad

11. BIRTHPLACE (City and state or country)  
Texas

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Romey Sampler

## 13b. MOTHER'S MAIDEN NAME

Lena Register

## 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Lula Mae Causley 1717 Coleman St.,

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN  
ONSET AND DEATH  
6 weeks

### DUE TO (b)

Nephrosclerosis 2

### DUE TO (c)

Multiple Myeloma

5 yrs.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
203x

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 8, 1962 to 2/6/62 and last saw him alive on Feb. 5, 1962  
Death occurred at 1.40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Masao Okamoto M.D.

## 22b. ADDRESS

1755 So Grand

## 22c. DATE SIGNED

2-6-1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

2-10-62

## 23c. NAME OF CEMETERY OR CREMATORY

Father Dickson Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Mo.

## (State)

## 24. FUNERAL DIRECTOR

Wade Mortuary

## ADDRESS

4202 Finney

## 25. DATE RECD. BY LOCAL REG.

FEB 8 1962

## 26. REGISTRAR'S SIGNATURE

Joan Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edward A. Flynn*

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.